

UNITED STATES DEPARTMENT OF THE INTERIOR
APPLICATION FOR PARKING PERMIT
(See instructions and definitions on reverse)

NOTE: Whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully -
(1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact;
(2) makes any materially false, fictitious, or fraudulent statement or representation; or
(3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both. (18 U.S.C. 1001, dated January 23, 2000)

JUSTIFICATION FOR CATEGORY “B” PARKING (See instructions on reverse)

Typed Name and Title of Certifying Official (Bureau/Office Head)	Certifying Official’s (Bureau/Office Head) Signature	Date
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FOR USE OF PARKING CONTROL OFFICE ONLY									
1. APPLICATION NUMBER:					2. PERMIT NUMBER:				
3. VEHICLE SPACE DESIRED (Select One):									
<input type="checkbox"/> AUTO		<input type="checkbox"/> MOTORCYCLE			<input type="checkbox"/> BICYCLE				
4. Category of Parking Desired (Circle)									
A	E	V	C	Justification	H	M/B	O	Other	
				<div>B</div>					

	5. Last Name First & Home Address <small>(Include Zip Code)</small>	6. Trips Per Week	7. Personal Data	8. 1 st Vehicle Data	9. 2 nd Vehicle Data	10. Name, Address, Zip Code of Employer <small>DOI Employees include Bureau/Office</small>
Applicant	Signature:		Social Security No.	Make	Make	Duty Hours:
			Work Telephone No.	Model	Model	
			Service Comp. Date	State	Tag No.	
Rider # 2	Signature:		Social Security No.	Make	Make	Duty Hours:
			Work Telephone No.	Model	Model	
			Service Comp. Date	State	Tag. No.	
Rider # 3	Signature:		Social Security No.	Make	Make	Duty Hours:
			Work Telephone No.	Model	Model	
			Service Comp. Date	State	Tag No.	
Rider # 4	Signature:		Social Security No.	Make	Make	Duty Hours:
			Work Telephone No.	Model	Model	
			Service Comp. Date	State	Tag No.	
Rider # 5	Signature:		Social Security No.	Make	Make	Duty Hours:
			Work Telephone No.	Model	Model	
			Service Comp. Date	State	Tag No.	
11. Miles Between Applicant’s Home and Work Station - One Way =		Total Trips	12. I certify that I understand my obligations as outlined in 310 DM 12, the Departmental Parking Policy and on reverse. Signature: _____ Date: _____			

INSTRUCTIONS

GENERAL: All entries should be typed or printed legibly. Applicants MUST complete all requested information and obtain required signatures. EMPLOYEES WHO FALSIFY INFORMATION ON THIS APPLICATION ARE SUBJECT TO THE PENALTY STATED ON THE FRONT OF THE APPLICATION.

NOTE: You are **not** permitted to have a federally-subsidized parking space if you participate in the Public Transportation Benefit Program.

PRIVACY ACT INFORMATION: Pursuant to Section 3(a)(3) of the Privacy Act of 1974 (Public Law 93-579), individuals furnishing information on this form are hereby advised as follows:

1. The authority for solicitation of the information in 40 U.S.C. et seq. FPMR 101-20.111 and FPMR 101-20.117.3 and 4.
2. The information is used to assign parking spaces and to identify (for ridesharing purposes) individuals residing in the same geographic areas.
3. The information may be transferred to the U.S. Department of Justice in the event of litigation involving the record or subject matter of the record.
4. The effect on an individual not providing any part of the requested information, except the Social Security number, may be denial of the assignment of a parking permit.
5. Provision of the Social Security number is voluntary. Social Security numbers are used to prevent individuals from applying for more than one parking space.
6. The applicant's name, zip code and business telephone number may be provided to requesters to assist them in making ridesharing arrangements.

ITEM DESCRIPTIONS and INSTRUCTIONS

Blocks 1& 2. For Parking Control Use ONLY

Block 3. Indicate (check) type of vehicle space desired.

Block 4. Indicate (circle) category of parking desired. A summary description of each category follows:

Category A	Secretary and High-level Immediate Offices/Staff Deputy Secretary and High-level Immediate Staff Solicitor	Assistant Secretaries Inspector General Heads of Bureaus and Offices
Category E	Employees whose duties require them to be "on-call" during non-duty hours for essential operation of the Interior Complex facilities and/or protection of the Interior property.	
Category V	Employees with vanpools (eight or more members).	
Category C	Employees with carpools (four or more members). Two should be Interior employees.	
Category B	Employees who are required to work CONSIDERABLY beyond their official duty hours on a REGULAR basis may be considered for Category B parking on a space available basis. Applications for parking under this category MUST include a certification in the "Justification for Category "B" Parking" section at the top of this application, of the hours worked by the applicant and the applicant's official duty hours, signed by the head of the applicant's bureau or office.	
Category H	Employees in need of accessible parking	
Category M/B	Motorcycles/Bicycles	
Category O	Official Vehicles	
Category Other	If you do not fall into any of the above categories.	

Block 5. LAST NAME FIRST & HOME ADDRESS Type or print your name (last name first), address, and zip code.

Block 6. TRIPS PER WEEK Type or print the number of one-way trips you will regularly make each week. Examples - (1) If you travel one-way every day - enter "5." (2) If you travel both ways every day - enter "10." Total all to get "Total Trips" for Block 11.

Block 7. PERSONAL DATA Type or print your Social Security number, work telephone number and service comp. date.

Blocks 8&9. VEHICLE DATA Type or print the vehicle make, model, license plate state and number. Example - Ford Explorer VA/XYZ-1234. Entries for two vehicles per each applicant and rider can be provided. Carpool and vanpool members MUST provide information about each vehicle they anticipate driving. Individuals with more than two vehicles must submit the requested data for the additional vehicle(s) on a separate sheet bearing their name and applicant's name (if different).

Block 10. NAME, ADDRESS, ZIP CODE OF EMPLOYER Type or print name, address and zip code of employer. DOI employees include the appropriate bureau/office. Enter duty hours.

Block 11. MILES BETWEEN APPLICANT'S HOME Type or print one-way mileage from the applicant's home to work station. Enter the total number of trips each week.

Block 12. CERTIFICATION Person submitting this application MUST sign and date on line provided.